

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6318</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Susanne</u> <u>P</u> <u>Green</u>  P.O. Box, Bldg., Room No., if any <u></u> Street <u>303 S. Courthouse Rd</u> City <u>Arlington</u> State <u>Virginia</u> ZIP Code + 4 <u>22204</u>	4. Name, file number, and address of labor organization. Name <u>National Postal Mail Handlers Union</u> Labor Organization File Number <u>000-505</u> P.O. Box, Building and Room Number, if any <u>Suite 500</u> Street <u>1101 Connecticut Ave NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u>
5. Position in labor organization. <u>Comptroller</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Susanne Green

On

8/11/05  
Date

202-833-9095

Telephone Number

Name of Person Filing <b>Susanne Green</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Suntrust Bank</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street <b>1445 New York Ave</b></p> <p>City <b>Washington</b></p> <p>State <b>District of Columbia</b> ZIP Code + 4 <b>20005</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p><b>SunTrust Bank provides commercial banking services and investment management for the union</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$70,000</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Business lunch, 3/19</b></p> <p><b>amount unknown, estimate \$40</b></p> <p>12.b. Amount. <b>estimate \$40.00</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p style="height: 100px;"></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="height: 30px;"></p>

Name of Person Filing Susanne Green

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bond Beebe

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200 West

Street 7315 Wisconsin Ave

City Bethesda

State Maryland ZIP Code + 4 20814

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Bond Beebe audits the union

11.b. Approximate dollar value of such dealing.

\$50,000

12.a. Nature of interest held or income received.

Business Lunch, 3/10

amount unknown, estimate \$40

12.b. Amount.

estimate \$40.00

**Part B Continuation Page**

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**8. Name and address of Business (including trade name, if any).**Name **First Health**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **3200 Highland Ave.**City **Downers Grove**State **Illinois**ZIP Code + 4 **60515-1223****9. Business deals with:**☒ **a. Labor Organization**☐ **b. Trust**☐ **c. Employer****10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**11.a. Nature of such dealing.**

First Health administers the union sponsored health plan.

**11.b. Approximate dollar value of such dealing.****12.a. Nature of interest held or income received.**

Union Convention: I attended 5 evening reception/ buffet dinners hosted by First Health during the NPMHU Convention in Boston August 22-28, My husband attended 1 evening reception.

Amounts unknown

**12.b. Amount.****unknown**

Name of Person Filing Susanne Green

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name First Health  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street 3200 Highland Ave.  
City Downers Grove  
State Illinois ZIP Code + 4 60515-1223

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the union sponsored health plan

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

business dinner, 2/23  
amount unknown, estimate \$80

12.b. Amount.

estimate \$80.00

Name of Person Filing **Susanne Green**File Number **U-****Part B Continuation Page**

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**8. Name and address of Business (including trade name, if any).**Name **First Union Bank/ Wachovia Bank**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1970 Chain Bridge Rd.**City **McLean**State **Virginia**ZIP Code + 4 **22102****9. Business deals with:**☒ **a. Labor Organization**☐ **b. Trust**☐ **c. Employer****10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**11.a. Nature of such dealing.**

First Union/Wachovia Bank provides commercial banking services and investment management for the union

**11.b. Approximate dollar value of such dealing.****\$70,000****12.a. Nature of interest held or income received.**

Business lunch, 5/12

amount unknown, estimate \$40

**12.b. Amount.****estimate \$40**

Name of Person Filing Susanne Green

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Continental Technologies

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10540 York Rd Suite F-G

City Hunt Valley

State Maryland

ZIP Code + 4 21030

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Continental Technologies provides computer support to the union

## 11.b. Approximate dollar value of such dealing.

\$21,000

## 12.a. Nature of interest held or income received.

business lunch, 5/18

amount unknown, estimate \$30

## 12.b. Amount.

estimate \$ 30.<sup>00</sup>

Name of Person Filing Susanne Green

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Wachovia Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1970 Chain Bridge Rd.

City McLean

State Virginia ZIP Code + 4 22102

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Wachovia bank provides commercial banking services and investment management to the union

## 11.b. Approximate dollar value of such dealing.

\$70,000

## 12.a. Nature of interest held or income received.

business lunch, 7/13

amount unknown, estimate \$40

## 12.b. Amount.

estimate \$40.00



Name of Person Filing Susanne Green

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Affiliated Graphics

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4801 Viewpoint Place

City Cheverly

State Maryland ZIP Code + 4 20781

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Affiliated Graphics provides printing services to the union

11.b. Approximate dollar value of such dealing.

\$332,000

12.a. Nature of interest held or income received.

business lunch, July, exact date unknown  
amount unknown, estimate \$30

12.b. Amount.

estimate \$30.00

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Riggs Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1101 15th St NW

City Washington

State District of Columbia ZIP Code + 4 20005

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Postal Employees' Relief Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 34422

Street

City Washington

State District of Columbia ZIP Code + 4 20043-4422

## 11.a. Nature of such dealing.

Riggs bank provides commercial banking services and investment management to the Postal Employees' Relief Fund

## 11.b. Approximate dollar value of such dealing.

\$36,000

## 12.a. Nature of interest held or income received.

business lunch, 4/26

amount unknown, estimate \$40

## 12.b. Amount.

estimate \$40.00